



APPLICATION FOR CERTIFIED COPY OF MARRIAGE RECORD

DIVISION OF VITAL RECORDS

INFORMATION

1. Only marriage licenses issued after July 1950 in South Carolina are on file.
2. S.C. Law requires an \$12.00 fee for the search of a marriage record. If located, a certified copy of the marriage record will be issued to those entitled. Verification of the date and place of marriage will be provided if the applicant is not entitled to a copy of the record. Additional copies of the same record ordered at the same time are \$3.00 each. If not located, search fee is not refundable.
3. S.C. Law (Section 44-63-86) provides that "Copies of marriage certificates...may be issued to the parties married..., their adult children, a present or former spouse of either party married..., or their respective legal representative."
4. If the marriage occurred prior to July 1950, or if a copy of the application is required, contact the probate judge of the county where the marriage license was issued.
5. WARNING: FALSE APPLICATION FOR A MARRIAGE CERTIFICATE IS PUNISHABLE BY LAW (Section 44-63-161, S.C. Code of Laws, 1976, Amended).

INSTRUCTIONS

1. Complete all of the information sections of the form. **PLEASE PRINT.**
2. An application for a certified copy of a marriage record must be signed by one of the married parties, their adult children, a present or former spouse, or the legal representative of one of these persons. Relationship must be stated.
3. Checks and money orders should be made payable to **SC DHEC**. Send completed application and appropriate fee to:

Division of Vital Records
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia SC 29201-1708

1 FULL NAME OF GROOM	First	Middle	Last	OFFICE USE ONLY	
2 DATE OF BIRTH	Month	Day	Year	Race	YEAR — CERT. NO.
3 FULL NAME OF BRIDE	First	Middle	Last	DNL DATE	
4 DATE OF BIRTH	Month	Day	Year	Race	PROC. DATE
5 HAS BRIDE EVER USED ANY OTHER NAME? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, please list:			ISSUE DATE
6 DATE OF MARRIAGE	Month	Day	Year	CONTROL NO.	
7 PLACE LICENSE ISSUED	City	County	State	SOUTH CAROLINA	
8 FEE I am enclosing a Fee of \$_____ for _____ CERTIFIED COPIES				Refund Refunded Amount	
9a. WRITTEN SIGNATURE OF APPLICANT				\$_____	
9b. RELATIONSHIP: Self <input type="checkbox"/> Adult Child <input type="checkbox"/> Present/Formal Spouse <input type="checkbox"/> Legal Representative of: _____ <input type="checkbox"/> Not Related <input type="checkbox"/>				IDENTIFICATION	
NAME & ADDRESS OF APPLICANT (MUST BE COMPLETED) PLEASE PRINT CERTIFICATE TO BE MAILED TO:					
PLEASE PRINT 10 NAME			PLEASE PRINT (if other than applicant) 13 NAME		
11 NUMBER, P.O. BOX AND STREET			14 NUMBER, P.O. BOX AND STREET		
12 CITY, STATE AND ZIP CODE			15 CITY, STATE AND ZIP CODE		